

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/12/092

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57	/					
8							58		/				
9							59		/				
10							60						
11							61						
12							62	/					
13							63		/				
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70		/				
21							71		/				
22							72		/				
23							73		/				
24							74		/				
25							75	/					
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86		/				
37							87		/				
38							88		/				
39							89		/				
40							90		/				
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98	/					
49							99		/				
50							100		/				
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	25					
TOTAL CLAIMS							TOTAL CLAIMS	29					